

2015 Dental Standard Benefit Plan Designs

DRAFT

Summary of Benefits and Coverage		Standalone Dental Plan		Standalone Dental Plan	
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Pediatric EHB Copay Plan		Pediatric EHB Coinsurance Plan	
2/26/2014		up to age 19		up to age 19	
Actuarial Value					
Overall deductible (weive	d for Diagnostic & Preventive)	\$0		\$50 in ne	twork/
·		·		\$50 out of network	
Individual Out of Pocket Maximum Family Out-of-Pocket Maximum (two or more children)		\$300		\$300 \$600	
Office Copay	killulii (two or more children)	\$600 \$0		\$0	
Waiting Period		None		None	
Annual Limit		None	9	None	
Cosmetic Orthodontia Life	etime Maximum	Not Appli		Not Applicable	
		Member Cost	Deductible	Member Cost	Deductible
Procedure Category	Service Type	Share	Applies	Share	Applies
	Oral Exam	\$0		0%	
	Preventive - Cleaning Preventive - X-ray	\$0 \$0		0% 0%	
Diagnostic & Preventive	Sealants per Tooth	\$0		0%	
	Topical Fluoride Application	\$0		0%	
	Space Maintainers - Fixed	\$0		0%	
Basic Services	Amalgam Fill - One Surface	\$25		20%	Х
	Root Canal - Molar	\$300			
Major Services - Crowns	Gingivectomy per Quad	\$150			
and Casts, Endodontic,	Extraction- Single Tooth Exposed Root	\$65		50%	х
Periodontics, Prosthodontics, Oral	or Erupted Extraction - Complete Bony				
Surgery		\$160			
	Crown - Porcelain with Metal	\$300			
	Medically Necessary Orthodontia	\$300		50%	Х
Orthodontia	Cosmetic Orthodontia	Not Covered		Not Covered	

Notes: Cosmetic Orthodontia is not an Essential Health Benefit and therefore related cost sharing does not accumulate towards the maximum out of pocket.



2015 Dental Standard Benefit Plan Designs

DRAFT

Summary of Benefits and Coverage		Family De	ental Plan	Family Den	tal Plan
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Pediatric EHB Copay Plan plus Cosmetic Orthodontia		Pediatric EHB Coinsurance Plan plus Cosmetic Orthodontia	
2/26/2014		up to age 19		up to age 19	
Actuarial Value					
				\$50 in ne	twork/
Overall deductible (waive	ed for Diagnostic & Preventive)	\$0		\$50 out of network	
Individual Out of Pocket I	The state of the s	\$300		\$300	
	ximum (two or more children)	\$600		\$600	
Office Copay		\$0		\$0	
Waiting Period		None		12 months for cosmetic orthodontia	
Annual Limit		None		None	
Cosmetic Orthodontia Lif	fetime Maximum	None		None	
Dropodure Catagory	0	Member Cost Shore	Deductible	Member Cost	Deductible
Procedure Category	Service Type Oral Exam	Cost Share \$0	Applies	Share 0%	Applies
	Preventive - Cleaning	\$0		0%	
D. (1.0.D. (1.	Preventive - X-ray	\$0		0%	
Diagnostic & Preventive	Sealants per Tooth	\$0		0%	
	Topical Fluoride Application	\$0		0%	
	Space Maintainers - Fixed	\$0		0%	
Basic Services	Amalgam Fill - One Surface	\$25		20%	Х
	Root Canal - Molar	\$300			
Major Services - Crowns	Gingivectomy per Quad	\$150			
and Casts, Endodontic,	Extraction- Single Tooth Exposed Root	\$65		50%	
Periodontics, Prosthodontics, Oral Surgery	or Erupted				Х
	Extraction - Complete Bony	\$160			
	Crown - Porcelain with Metal	\$300			
	Medically Necessary Orthodontia	\$300		50%	Х
Orthodontia	Cosmetic Orthodontia	\$2,000	Not Applicable	\$2,000	

Notes: Cosmetic Orthodontia is not an Essential Health Benefit and therefore related cost sharing does not accumulate towards the maximum out of pocket.



2015 Dental Standard Benefit Plan Designs

DRAFT

Summary of Benefits and Coverage		Family Dental Plan		Family Dental Plan	
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Adult Dental Copay Plan		Adult Dental Coinsurance Plan	
2/26/2014		age 19 and older		age 19 and older	
Actuarial Value					
Overall deductible (waive	ed for Diagnostic & Preventive)	\$0		\$50 in net \$50 out of r	
Individual Out of Pocket Maximum		Not Applicable		Not Applicable	
	ximum (two or more children)	Not Applicable		Not Applicable	
Office Copay		\$0		\$0	
Waiting Period		None		6 months for Major Services, waived with proof of prior coverage	
Annual Limit		None		\$1,500	
Cosmetic Orthodontia Lit	fetime Maximum	Not Appli		Not Applicable	
Procedure Category	Samina Turn	Member Cost		Member Cost	
Procedure Category	Service Type Oral Exam	Share \$0	Applies	Share 0%	Applies
	Preventive - Cleaning	\$0		0%	
	Preventive - X-ray	\$0		0%	
Diagnostic & Preventive	Sealants per Tooth	not covered		not covered	
	Topical Fluoride Application	not covered		not covered	
	Space Maintainers - Fixed	not covered		not covered	
Basic Services	Amalgam Fill - One Surface	\$25		20%	Х
	Root Canal - Molar	\$300			
Major Services - Crowns	Gingivectomy per Quad	\$150			
and Casts, Endodontic,	Extraction- Single Tooth Exposed Root	\$65		50%	
Periodontics, Prosthodontics, Oral	or Erupted				Х
	Extraction - Complete Bony	\$160			
Surgery	Crown - Porcelain with Metal	\$300			
	Medically Necessary Orthodontia	Not Cov	ered	Not Cove	ered
Orthodontia	Cosmetic Orthodontia	Not Covered		Not Covered	
	-				

Notes: Cosmetic Orthodontia is not an Essential Health Benefit and therefore related cost sharing does not accumulate towards the maximum out of pocket.